

CITY OF FAIRFAX

AMUSEMENT DEVICE PERMIT APPLICATION

FIRE DEPARTMENT
OFFICE OF CODE ADMINISTRATION
10455 ARMSTRONG ST. #208
FAIRFAX, VA 22030
(703) 385-7830 WEB: www.FairfaxVA.gov
FAX (703) 385-9265

PERMIT NO. _____
DATE _____
PERMIT FEE _____
INVOICE NO. _____

I. LOCATION ON WHICH THE DEVICES WILL BE OPERATED

ADDRESS _____ SUITE # _____
TENANT'S NAME _____
Area of Property where devices will be operated _____

II. NAME OF OWNER/OPERATOR/RESPONSIBLE PARTY

ADDRESS _____
ZIP CODE _____ TELEPHONE NO. _____

DATE THE DEVICES WILL BE OPERATING AT THE SITE: _____

DATE AND TIME OF SETUP/INSPECTION REQUESTED: _____

Name/Description of Device	Ride Type (**see below)	Number	Serial/Identification Number	Fee
	A B C D			
	A B C D			
	A B C D			
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	A B C D			
	A B C D			
	A B C D			
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	A B C D			

**Ride Types:

- A. Kiddie Ride: The passenger height is limited to 54 inches or less, the design capacity is 12 passengers or less, and the assembly time is 2 hours or less.
- B. Circular Ride or flat ride: The ride is less than 20 feet in height.
- C. Spectacular Ride: The ride cannot be included in B above.
- D. Coasters: The ride is a roller coaster which exceeds 30 feet in height.

The request for use of personal information on this form is subject to the Privacy Protection Act of 1976 and the Freedom of Information Act.

Applicant Signature: _____ Date _____

Print contact name: _____ Contact phone/fax/e-mail: _____

Zoning Approval _____